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**BEFORE THE  
PHYSICAL THERAPY BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Case No. ID 2004 63886

REGIE R. ABELLA  
9 Anthurium Ct.  
Danville, CA 94506

**A C C U S A T I O N**

Physical Therapist Assistant  
License No. AT 2692

Respondent.

Complainant alleges:

**PARTIES**

1. Steven K. Hartzell (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Physical Therapy Board of California, Department of Consumer Affairs.
2. On or about January 9, 1992, the Physical Therapy Board of California issued Physical Therapist Assistant License Number AT 2692 to REGIE R. ABELLA ("Respondent" or "Abella"). The Physical Therapist Assistant License was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2007, unless renewed.

JURISDICTION

3. This Accusation is brought before the Physical Therapy Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2609 of the Code states:

“The board shall issue, suspend, and revoke licenses and approvals to practice physical therapy as provided in this chapter.”

5. Section 2660 of the Code states:

“The board may, after the conduct of appropriate proceedings under the Administrative Procedure Act, suspend for not more than 12 months, or revoke, or impose probationary conditions upon, or issue subject to terms and conditions any license, certificate, or approval issued under this chapter for any of the following causes:

...

(h) Gross negligence in his or her practice as a physical therapist or physical therapy assistant.

(i) . . . violating, or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter or of the State Medical Practice Act.

(j) The aiding or abetting of any person to violate this chapter or any regulations duly adopted under this chapter.

(k) The aiding or abetting of any person to engage in the unlawful practice of physical therapy.

(l) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapy assistant.

6. Section 2655 of the Code states:

“As used in this article:

(a) "Physical therapist" means a physical therapist licensed by the board.

1 (b) "Physical therapist assistant" means a person who meets the  
2 qualifications stated in Section 2655.3 and who is approved by the board to assist  
3 in the provision of physical therapy under the supervision of a physical therapist  
4 who shall be responsible for the extent, kind, and quality of the services provided  
5 by the physical therapist assistant.

6 (c) "Physical therapist assistant" and "physical therapy assistant" shall be  
7 deemed identical and interchangeable.

8 7. Section 2655.2 of the Code states:

9 "A physical therapist shall not supervise more physical therapist assistants  
10 at any one time than in the opinion of the board can be adequately supervised.  
11 Two physical therapist assistants shall be the maximum number of physical  
12 therapist assistants supervised by a physical therapist at any one time, but the  
13 board may permit the supervision of a greater number by a physical therapist if, in  
14 the opinion of the board, there would be adequate supervision and the public's  
15 health and safety would be served. In no case, however, shall the total number of  
16 physical therapist assistants exceed twice the number of physical therapists  
17 regularly employed by a facility at any one time."

18 8. Section 2655.7 of the Code states:

19 "Notwithstanding Section 2630, a physical therapist assistant may assist in  
20 the provision of physical therapy service provided the assistance is rendered under  
21 the supervision of a physical therapist licensed by the board."

22 9. Section 2655.92 of the Code states:

23 "The board may adopt regulations as reasonably necessary to carry out the  
24 purposes of this article. The board shall adopt a regulation formulating a  
25 definition of the term "adequate supervision" as used in this article."

26 10. Section 1398.44 of Title 16 of the California Code of Regulations states:

27 "1398.44. Adequate Supervision Defined.

28 "A licensed physical therapist shall at all times be responsible for all physical

1 therapy services provided by the physical therapist assistant. The supervising  
2 physical therapist has continuing responsibility to follow the progress of each  
3 patient, provide direct care to the patient and to assure that the physical therapist  
4 assistant does not function autonomously. Adequate supervision shall include all  
5 of the following:

6 (a) The supervising physical therapist shall be readily available in person  
7 or by telecommunication to the physical therapist assistant at all times while the  
8 physical therapist assistant is treating patients. The supervising physical therapist  
9 shall provide periodic on site supervision and observation of the assigned patient  
10 care rendered by the physical therapist assistant.

11 (b) The supervising physical therapist shall initially evaluate each patient  
12 and document in the patient record, along with his or her signature, the evaluation  
13 and when the patient is to be reevaluated.

14 (c) The supervising physical therapist shall formulate and document in  
15 each patient's record, along with his or her signature, the treatment program goals  
16 and plan based upon the evaluation and any other information available to the  
17 supervising physical therapist. This information shall be communicated verbally,  
18 or in writing by the supervising physical therapist to the physical therapist  
19 assistant prior to initiation of treatment by the physical therapist assistant. The  
20 supervising physical therapist shall determine which elements of the treatment  
21 plan may be assigned to the physical therapist assistant. Assignment of these  
22 responsibilities must be commensurate with the qualifications, including  
23 experience, education and training, of the physical therapist assistant.

24 (d) The supervising physical therapist shall reevaluate the patient as  
25 previously determined, or more often if necessary, and modify the treatment, goals  
26 and plan as needed. The reevaluation shall include treatment to the patient by the  
27 supervising physical therapist. The reevaluation shall be documented and signed  
28 by the supervising physical therapist in the patient's record and shall reflect the

1 patient's progress toward the treatment goals and when the next reevaluation shall  
2 be performed.

3 (e) The physical therapist assistant shall document each treatment in the  
4 patient record, along with his or her signature. The physical therapist assistant  
5 shall document in the patient record and notify the supervising physical therapist  
6 of any change in the patient's condition not consistent with planned progress or  
7 treatment goals. The change in condition necessitates a reevaluation by a  
8 supervising physical therapist before further treatment by the physical therapist  
9 assistant.

10 (f) Within seven (7) days of the care being provided by the physical  
11 therapist assistant, the supervising physical therapist shall review, cosign and date  
12 all documentation by the physical therapist assistant or conduct a weekly case  
13 conference and document it in the patient record. Cosigning by the supervising  
14 physical therapist indicates that the supervising physical therapist has read the  
15 documentation, and unless the supervising physical therapist indicates otherwise,  
16 he or she is in agreement with the contents of the documentation.

17 (g) There shall be a regularly scheduled and documented case conference  
18 between the supervising physical therapist and physical therapist assistant  
19 regarding the patient. The frequency of the conferences is to be determined by the  
20 supervising physical therapist based on the needs of the patient, the supervisory  
21 needs of the physical therapist assistant and shall be at least every thirty calendar  
22 days.

23 (h) The supervising physical therapist shall establish a discharge plan. At  
24 the time of discharge, or within 7 (seven) days thereafter, a supervising physical  
25 therapist shall document in the patient's record, along with his or her signature, the  
26 patient's response to treatment in the form of a reevaluation or discharge  
27 summary.”

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11. Section 2630 of the Code states, in pertinent part:

“It is unlawful for any person or persons to practice, or offer to practice, physical therapy in this state for compensation received or expected, or to hold himself or herself out as a physical therapist, unless at the time of so doing the person holds a valid, unexpired, and unrevoked license issued under this chapter.

12. Section 2661.5 (a) of the Code states:

“In any order issued in resolution of a disciplinary proceeding before the board, the board may request the administrative law judge to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case”.

#### EVENTS

13. On or about April 29, 2004, the Physical Therapy Board received a complaint from Leslie Torburn (Torburn), a Physical Therapist (PT) and consultant for State Compensation Insurance Fund. Torburn alleged that after reviewing patient treatment notes from "PT Works" it appeared that the facility was not complying with regulations regarding appropriate supervision of Regie Abella (Abella), a Physical Therapist Assistant (PTA), by David Turner (Turner), the PT manager of the clinic. The Division of Investigation (“DOI”) thereafter conducted an investigation on behalf of the Board.

14. As part of the investigation, DOI investigators interviewed Torburn, who indicated as follows:

A. Torburn is a physical therapist consultant with State Compensation Insurance Fund (SCIF). Torburn has been a PT for several years. In March of 2002, Torburn evaluated the treatment notes for patient CH.<sup>1</sup> While reviewing the notes, Torburn became concerned that PT Works was not following the PT regulations regarding appropriate supervision of a PTA.

B. Torburn contacted PT Works and spoke to "Maria," however

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1. Full names of patients will be provided upon a proper Request For Discovery.

1 neither the practice administrator (later identified as Rebecca Coite), Abella, nor Turner was  
2 available. At this time, Torburn expressed her concern regarding appropriate PTA supervision.  
3 Torburn told Maria that she was recommending to the adjuster that "the patient [CH]" be referred  
4 to a different facility because the PTA is not receiving appropriate supervision. Torburn  
5 explained that without appropriate supervision from the PT, she could not be confident  
6 that patient CH was receiving the appropriate treatment interventions. Soon after, Coite  
7 called and spoke to Torburn regarding her concerns. Coite explained to Torburn that she  
8 was in the process of making changes to the office procedures and the forms used by  
9 staff at PT Works.

10 C. In late July of 2004, Torburn faxed Coite examples of redacted PT  
11 progress reports that, in Torburn's view were "well composed." Torburn provided the examples  
12 to Coite as a helpful guide for Coite to use while making the changes to PT Works forms.  
13 Torburn explained that Coite requested Torburn's assistance regarding "clear documentation."

14 15. On or about October 27, 2004, Marci Coronado, an investigator for the  
15 Division of Investigation, and Rita L. Arriaga, PT, (Arriaga) a consultant for the Physical  
16 Therapy Board, conducted an on-site facility visit and record inspection at PT Works located in  
17 Castro Valley. Present during the on-site inspection were Rebecca Coite (Coite), the practice  
18 administrator, Janet Agnello (Agnello), the office manager, and Abella. Eugene Chen (Chen), a  
19 PT, and Jeannie Swart, a PTA, are also employees of PT Works, however, neither of these  
20 individuals were present. Turner was not present and his return date was unknown.

21 16. A total of 11 patients chart records were reviewed during the on-site  
22 facility visit and record inspection. The charts of five patients (CH, WJ (two separate charts),  
23 LP, CYW and LW) were specifically referenced in Torburn's complaint. WJ had two separate  
24 episodes of care that were documented in two separate charts. The mentioned patients received  
25 care at the PT Works between January 2002 and March 2004. Arriaga selected the following  
26 additional five patients' charts at random from the October 2004 PT Works appointment book:  
27 SH, TR, CHW, LS, and BL.

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1                   17.     Also evaluated during the on-site facility visit and record inspection were  
2 the current month (October, 2004) clinic appointment book as well as the appointment schedules  
3 for the months of January, 2002, August and December, 2003, and February, 2004. Arriaga also  
4 asked for and received copies of the clinic appointment schedule for the following: the weeks of  
5 January 14, 2002, July 28, 2003, December 29, 2003, February 16, 2004, October 4, 2004, and  
6 October 25, 2004. These weeks correspond to some dates of PT services provided to patients  
7 whose charts were reviewed during the on-site inspection.

8                   18.     Also evaluated during the on-site facility visit and record inspection were  
9 billing statements (HCFA 1500's) for various dates of service for nine of the ten patients'  
10 treatment records.

11                   19.     Also evaluated during the on-site facility visit and record inspection were  
12 several forms currently used by the clinic: a billing form used by the PT staff to indicate the  
13 specific procedures or modalities to be billed for a given patient's visit, a clinic treatment  
14 authorization form, a PT progress report form, a PT evaluation form (initial and reassessment),  
15 the PT progress record/daily documentation form, a patient information sheet, and a medical  
16 history consent form to be completed by the patient.

17                   20.     The patient records that were reviewed at PT Works during the on-site  
18 facility visit and record inspection contained documentation of physical therapy treatments  
19 written by the following employed providers: Francisco Pelayo, PT (no longer employed by the  
20 clinic); Eugene Chen, PT; David Turner, PT; Regie Abella, PTA; and Jeannie Swart, PTA.  
21 Arriaga was advised by Rebecca and Janice (administrative support staff for the adjacent medical  
22 clinic) that there is a regular support staff person, "Lowell Alon" (Lowell), who usually works  
23 every afternoon at the clinic, but Arriaga was unable to meet him. Lowell apparently provides  
24 front desk assistance for the physical therapy clinic and occasionally helps out as a physical  
25 therapy aide when needed.

26                   21.     The investigation including the on-site facility visit and record inspection  
27 revealed several violations and grounds for discipline under the Physical Therapy Practice Act  
28 (Business and Professions Code 2600 et seq.). The violations related generally to (1) the proper



utilization and supervision of PTA's, (2) adequate documentation of physical therapy services, (3) and appropriate billing for physical therapy services. More detail is as set forth hereinafter.

## **RE UTILIZATION AND SUPERVISION OF PTA'S**

### **STANDARD OF CARE RE UTILIZATION AND SUPERVISION OF PTA'S**

22. The physical therapist assistant (PTA) provides physical therapy only under the supervision of a physical therapist and only after a physical therapist has evaluated a patient and established the goals and treatment plan of care. The PTA can perform these services without the physical therapist being physically in the clinic; however, it is expected that the physical therapist will occasionally provide on-site supervision, will review the PTA documentation in patients' records, and will periodically provide some treatment to the patient. The community standard (and California regulatory requirement section 1398.44 of Title 16 of the California Code of Regulations) is weekly on-site supervision and record review, given the varying stages of rehabilitation for the patient population, and the requirement for the physical therapist's timely co-signature to indicate his/her agreement with what the PTA has documented in the patients' records. Periodic treatment by the physical therapist can range from once every few treatment sessions to only at the time of reevaluation depending upon the patient's needs or the complexity of the case. While the PTA can be expected to make decisions regarding patient progression per an identified plan of care, the physical therapist retains responsibility for reevaluating the patient and establishing the discharge plan. Thus, the physical therapist also has the responsibility to communicate the patient's progress to the referring physician which, in the outpatient environment, tends to coincide with reevaluations. This also provides the opportunity for a case conference between the physical therapist and the PTA regarding the patient to discuss any changes or modifications to goals and the plan of care. While the need for reevaluation and case conferencing varies based on individual patient progress and needs, the general standard is for at least monthly reassessments and/or meetings.

### **ACTS OR OMISSIONS RE UTILIZATION AND SUPERVISION OF PTA'S**

23. Respondent, as a PTA subject to supervision by a supervising physical therapist, committed the following acts or omissions relating to his utilization and supervision:

1                   A.     Regarding the five patients listed in initial complaint (CH, WJ (two  
2 separate charts), LP, CYW and LW):

3                           (1)     Only 11 of the 90 treatment sessions provided to these 5  
4 patients were provided by PT's. Three of the charts indicated that a physical therapist only  
5 treated the patient once (at the initial visit): CH's evaluation by F. Pelayo, WJ's (chart one)  
6 evaluation by E. Chen, and WJ's (chart 2) evaluation by D. Turner. All other treatments to these  
7 patients were provided by PTAs: R. Abella for all of CH's follow up treatments, all of WJ's  
8 (chart 1) follow up treatments, and the 1/14/04 follow up treatment for WJ (chart 2). ( J. Swart  
9 provided all other follow up treatments for WJ (chart 2) ); and/or

10                           (2)     Only 14 of the 90 treatment session notes written by PTA's,  
11 including Abella, were co-signed by a physical therapist, all by D. Turner regardless of which PT  
12 did the initial evaluation; and/or

13                           (3)     None of the records contained documentation of any case  
14 conference between the PTA Abella and the physical therapist; and/or

15                           (4)     Based upon PT Works appointment book, there was  
16 inadequate or no regular on-site supervision of any of the PTAs, including Abella, by a physical  
17 therapist. In fact, there were only two occasions in the appointment book records of the months  
18 reviewed where a PTA and a physical therapist were both physically present in the clinic at the  
19 same time (1/17/02 and 7/29/03); and/or

20                           (5)     One particular progress report for patient CH to the  
21 referring MD was written and signed by PTA Abella with no PT review or co-signature; and/or

22                           (6)     In all of the six charts of the five patients, the final  
23 treatment was documented by a PTA, including Abella, in all cases; there were no discharge  
24 summaries written by a PT.; and/or

25                           (7)     Abella, as a licensed PTA, also had responsibility to help  
26 the clinic maintain appropriate supervision of his activities; he should have reminded each  
27 physical therapist(s) of their need to at least review and co-sign PTA notes in a timely manner.  
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1 B. Regarding the additional five patients' charts chosen at random  
2 from the October 2004 PT Works appointment book (SH, TR, CHW, LS, and BL):

3 (1) Only 19 of the 34 documented treatment sessions provided  
4 to these 5 patients were provided by PTA's (16 by R. Abella, and three by J. Swart). In these five  
5 charts, a physical therapist was shown as having provided treatments to the patients besides the  
6 initial visit; and/or

7 (2) Only nine of the 15 notes written by PTA's, including  
8 Abella, were co-signed by a physical therapist (D. Tumer); four of the remaining notes were still  
9 within the seven-day window for co-signature as of the date of the on-site visit; and/or

10 (3) None of the records contained documentation of any case  
11 conference between PTA Abella and physical therapist. There was no record that they ever  
12 conferred. During the on-site visit, Abella was specifically asked if he ever met and discussed  
13 patient cases with either Turner or Chen. Abella's response was "no" but he knew how to reach  
14 them; and/or

15 (4) Based upon PT Works appointment book, there was  
16 inadequate or no regular on-site supervision of any of the PTAs, including Abella, by a physical  
17 therapist. The October, 2004, appointment book showed that there was no overlap of a PTA and  
18 physical therapist in the clinic; and/or

19 (5) The PT Works method of practice at the time of the on-site  
20 visit was that a physical therapist treated alone in the clinic on Tuesday and Thursday afternoons,  
21 primarily to perform initial evaluations and reevaluations, and a PTA (primarily Abella) treated  
22 alone in the clinic all other times; and/or

23 (6) Abella, as a licensed PTA, also had responsibility to help  
24 the clinic maintain appropriate supervision of his activities; he should have reminded each  
25 physical therapist(s) of their need to at least review and co-sign PTA notes in a timely manner.

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CAUSES FOR DISCIPLINARY ACTION  
RE UTILIZATION AND SUPERVISION OF PTA'S

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24. Respondent is subject to disciplinary action based upon the events, acts, or omissions, set forth hereinabove, pursuant to Business and Professions Code sections: 2660 (h); and/or 2660 (i); and/or 2660 (j); and/or 2660 (k); and/or for violating or attempting to violate, or assisting in or abetting the violating of, or aiding or abetting or conspiring to violate, section 1398.44 of Title 16 of the California Code of Regulations, including subdivision (a), and/or (b), and/or (c), and/or (d), and/or (e), and/or (f), and/or (g), in that:

A. As a physical therapist assistant, respondent was not at all times under the supervision of a physical therapist; and/or otherwise functioned autonomously [section 1398.44 of Title 16 of the California Code of Regulations]; and/or

B. As the physical therapist assistant, respondent practiced without a supervising physical therapist readily available in person or by telecommunication to the respondent at all times while respondent was treating patients; and/or respondent practiced without periodic on site supervision and observation by a supervising physical therapist of the assigned patient care [section 1398.44 (a) of Title 16 of the California Code of Regulations]; and/or

C. As the physical therapist assistant, respondent practiced without communication verbally, or in writing, from the supervising physical therapist, prior to initiation of treatment by respondent; and/or respondent practiced without a supervising physical therapist determining which elements of the treatment plan could be assigned to respondent commensurate with his qualifications, including experience, education and training. [by section 1398.44 (c) of Title 16 of the California Code of Regulations]; and/or

D. Respondent, as a physical therapist assistant, failed to, within seven (7) days of the care being provided by respondent, obtain review, cosignature, and dating of all documentation by the supervising physical therapist; and/or failed to participate in a weekly case conference with the supervising physical therapist and have it documented in the patient record [section 1398.44 (f) of Title 16 of the California Code of Regulations]; and/or

1 E. Respondent, as a physical therapist assistant, performed Physical  
2 Therapy Progress Evaluations (and Reports), which can only be performed by a physical  
3 therapist [section 1398.44 (d) of Title 16 of the California Code of Regulations]; and/or

4 F. Respondent, as a physical therapist assistant, failed to obtain a  
5 regularly scheduled and documented case conference between the supervising physical  
6 therapist and physical therapist assistant regarding the patients treated [section 1398.44 (g) of  
7 Title 16 of the California Code of Regulations]; and/or

8 G. Respondent, as a physical therapist assistant, was essentially  
9 practicing independently and autonomously in the clinic with his own schedule and without the  
10 required co-signatures or documented patient conferences with a supervising physical therapist  
11 [section 2630 of the Code]

## 12 **RE DOCUMENTATION OF PHYSICAL THERAPY SERVICES**

### 13 **STANDARD OF CARE RE DOCUMENTATION OF PHYSICAL THERAPY SERVICES**

14 25. Each treatment session following the initial evaluation is expected to be  
15 documented by the provider of care (physical therapist or PTA) in the patient's medical record.  
16 The professional standard is that the record of these sessions should at a minimum include the  
17 date of service, what services procedures/modalities were provided, and the signature of the  
18 provider (with appropriate co-signature as required). Patient response to treatment in the form  
19 of changes in the patient's subjective or objective status from the initial findings should be  
20 documented as they occur by the treating physical therapist or PTA. A periodic formalized  
21 reevaluation in which most if not all deficits in subjective and objective findings are re-  
22 measured is conducted by the physical therapist. In the outpatient setting this often occurs in  
23 tandem with progress reports to referring physicians that may or may not also accompany  
24 requests to payers for authorization or reauthorization of physical therapy treatment. The timing  
25 for these reevaluations can vary, but usually occur at least monthly. At some point in the  
26 course of treatment (sometimes at the initial visit) the physical therapist is expected to  
27 document plans for patient education as well as discharge. The final note in the chart should  
28 include an indication of patient discharge and disposition.

1     ACTS OR OMISSIONS RE DOCUMENTATION OF PHYSICAL THERAPY SERVICES

2                     26.     Respondent, as a PTA subject to supervision by a supervising physical  
3 therapist, committed the following acts or omissions relating his documentation of physical  
4 therapy services:

5                     A.     Regarding the five patients listed in initial complaint (CH, WJ  
6 (two separate charts), LP, CYW and LW):

7                             (1)     There were no parameters documented for any of the  
8 procedures or modalities utilized in treatment; and/or

9                             (2)     There was a list of procedures and modalities written at  
10 the top of each page; however, it was unclear that all were provided at each treatment session  
11 documented on the page; and/or

12                            (3)     While each note contained at least subjective information  
13 re patient response to treatment, there was inadequate objective information documented by  
14 any of the physical therapists.

15                     B.     Regarding the additional five patients' charts chosen at random  
16 from the October 2004 PT Works appointment book (SH, TR, CHW, LS, and BL):

17                            (1)     There were no parameters documented for any of the  
18 procedures or modalities utilized in treatment; and/or

19                            (2)     There was a list of procedures and modalities written at  
20 the top of each page; however, it was unclear that all were provided at each treatment session  
21 documented on the page; and/or

22                            (3)     While each note contained at least subjective information  
23 re patient response to treatment, there was inadequate objective information documented by  
24 any of the physical therapists.

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27                     CAUSES FOR DISCIPLINARY ACTION  
28                     RE DOCUMENTATION OF PHYSICAL THERAPY SERVICES

27. Respondent, as a PTA subject to supervision by a supervising physical therapist, is subject to disciplinary action based upon the events, acts, or omissions, set forth hereinabove, re documentation of physical therapy services, pursuant to Business and Professions Code sections: 2660 (h); and/or 2660 (i); and/or 2660 (j); and/or 2660 (k).

**RE APPROPRIATE BILLING FOR PHYSICAL THERAPY SERVICES**

**STANDARD OF CARE RE APPROPRIATE BILLING FOR  
PHYSICAL THERAPY SERVICES**

28. The physical therapist or PTA uses billing codes (CPT) to describe to payers what procedures they have performed for patients to receive reimbursement for physical therapy services. The standard of practice is that the documentation by the PT or PTA in the patient's medical records supports the specific billing codes submitted to the payer. That is, for a particular date of service on a billing claim (the HCFA 1500) there is corresponding documentation to be found in the patient's physical therapy record that the particular procedures and/or modalities (e.g., therapeutic exercise and ultrasound) were delivered to the patient on that date by an appropriately licensed and/or supervised physical therapy provider. The documentation will not only provide evidence to support the type of procedures and/or modalities billed, but it will also provide support for the complexity or length of time spent performing the services when such variables can be applied to a claim to gain added reimbursement. For example, certain billing codes can be utilized to indicate that more time was spent to perform a procedure (e.g., 45 minutes instead of 30) or to signal the payer that the procedure required more effort of the part of the provider due to the complexity (e.g., multiple diagnoses) of the particular case. Workers Compensation in particular provides several new and established patient evaluation billing codes to allow the physical therapist choices to best describe the effort utilized to evaluate (or reevaluate) a patient. The expectation is that documentation in the patient's medical record will support the therapy claim (of more time or complexity) for additional remuneration. The licensed physical therapist assistant bears additional individual responsibility to assure that billing claims accurately reflect the type and level of services he/she provides to the patient.

ACTS OR OMISSIONS RE APPROPRIATE BILLING  
FOR PHYSICAL THERAPY SERVICES

29. Respondent, as a PTA subject to supervision by a supervising physical therapist, committed the following acts or omissions relating to appropriate billing for physical therapy services:

A. Regarding the five patients listed in initial complaint (CH, WJ (two separate charts), LP, CYW and LW):

(1) On any given date of service, there was no documentation by PT assistant Abella of specific procedures or modalities or parameters of their use; the listing of services at the top of each page did not meet professional standards for documentation; and/or

(2) For patient CH (date of service (DOS) 2/20/02), there was no co-signature of the PTA documentation of that treatment (performed by Abella), therefore appropriately supervised physical therapy treatment cannot be claimed. The documentation did not support the codes submitted on the HCFA 1500 form: and/or

(3) For patient LW (DOS 2/13/04), the documentation (by Abella) did not reference specific procedures/modalities listed elsewhere on the page so provided no support that the procedures/modalities on the HCFA claim (of 97014, 97110 and 97250) were provided to the patient on this date. The DOS of 2/17/04 documentation did not support use of the 97014 code that appears on HCFA claim; and/or

(4) The very same billing codes (97014, 97110, 97250) were used repeatedly on the HCFA claims for all of these patients despite varying diagnoses carpal tunnel syndrome, neck/shoulder strain, back strain).

B. Regarding the additional five patients' charts chosen at random from the October 2004 PT Works appointment book (SH, TR, CHW, LS, and BL):

(1) Each of the five patients had different payers: Constitution State Services, Blue Cross, Intercare, Republican Indemnity, and Travelers; and/or

(2) There continued to be no documentation of the specific



1 treatment parameters for procedures and/or modalities utilized by Abella to provide care;  
2 and/or

3 (3) The very same billing codes (97014, 97110, 97250)  
4 appeared on all the HCFA claims submitted to payers for these five patients; the same three  
5 codes were being billed as with the original patients but with the addition of a fourth code,  
6 97010.

7 CAUSES FOR DISCIPLINARY ACTION  
8 RE APPROPRIATE BILLING FOR PHYSICAL THERAPY SERVICES

9 30. Respondent, as a PTA subject to supervision by a supervising physical  
10 therapist, is subject to disciplinary action based upon the events, acts, or omissions, set forth  
11 hereinabove, re appropriate billing of physical therapy services, pursuant to Business and  
12 Professions Code sections: 2660 (h); and/or 2660 (i); and/or 2660 (j); and/or 2660 (k).

13 **ADDITIONAL CAUSES FOR DISCIPLINARY ACTION**

14 31. Respondent, as a PTA subject to supervision by a supervising physical  
15 therapist, had responsibility to ensure that physical therapy services were provided in a manner  
16 that met the standard of practice and conformed with applicable statutory and regulatory  
17 requirements. Respondent repeatedly failed to ensure that the standard of practice and applicable  
18 statutory and regulatory requirements were being met in the three categories set forth  
19 hereinabove, to wit, (1) appropriate utilization and supervision of PT assistants; (2)  
20 documentation of physical therapy services provided to patients including the progress records  
21 and reports; and (3) accurate, honest information to be placed in insurance claims that reflect the  
22 kind and type of services provided and that were supported by the documentation in the medical  
23 record. Respondent is therefore subject to disciplinary action based upon his combined acts or  
24 omissions, in part or in whole, as alleged in the three categories set forth

1 hereinabove, pursuant to Business and Professions Code sections: 2660 (h); and/or 2660 (i);  
2 and/or 2660 (j); and/or 2660 (k).

3 WHEREFORE, Complainant requests that a hearing be held on the matters  
4 herein alleged, and that following the hearing, the Physical Therapy Board of California issue a  
5 decision:

6 1. Revoking or suspending Physical Therapist License Assistant Number  
7 AT 2692, issued to REGIE R. ABELLA;

8 2. Ordering REGIE R. ABELLA to pay the Physical Therapy Board of  
9 California the reasonable costs of the investigation and enforcement of this case, pursuant to  
10 Business and Professions Code section 2661.5;

11 3. Taking such other and further action as deemed necessary and proper.

12 DATED: December 5, 2006

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14  
15 Original Signed By:  
16 STEVEN K. HARTZELL  
17 Executive Officer  
18 Physical Therapy Board of California  
19 Department of Consumer Affairs  
20 State of California  
21 Complainant  
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